# Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

AMME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations  AREA CODE/PHONE NUMBER (916)443-7817  I.D. NUMBER (if applicable) 1273998  STREET ADDRESS  CITY STATE CITY STATE STAT					Date of This Filing				Date Stamp  CALIFORNIA FORM  For Official Use  Page 1 of 8			196 Only
_	andidate or Ballot Measure Supported or opposed HELD/DISTRICT NO.	re	SUPPORT	OPPOSE		Reapportio		ve Constitu	PORTED OR OPPO tional Amendment.  JURISDICTION  Statewide		SUPPORT	OPPOSE X
2. Independent Exp	penditures Made Attach	additional info	rmation on appr			uation sheet	S.					
DATE 10/13/2005	Campaign Materials		DE	SCRIPTION C	F EXPENDI	TURE				\$26.44	AMOUNT	
10/14/2005	Food for Volunteers									\$0.91		
10/14/2005	Staff Expenses									\$3.56		
10/14/2005	Staff Expenses									\$2.40		
10/14/2005	Staff Expenses									\$0.91		

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LATE INDEPENDENT EXPENDITURE REPORT

							LATE INDE	FLINDLINI LA	LINDITORI	- KLIOKI	
NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil		Date Stamp	CALIFO		196	
AREA CODE/PHONE NUM (916)443-7817	MBER		I.D. NUMBER (if applicable) 1273998		Report NoLIE-676		D 2 60	For Official Use Only		Only	
STREET ADDRESS					Page 2 of 8  Amendment to Report No.						
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be						
1. List Only One C	Candidate or Ballot Measu	re		•		<u> </u>		•			
NAME OF CANDIDATE SUPPORTED OR OPPOSED						NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.				
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE				OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X	
2. Independent Ex	penditures Made Attach	n additional info	ormation on app	opriately labe	eled continu	uation sheets.	<u> </u>				
DATE			DE	SCRIPTION C	F EXPEND	TURE			AMOUNT		
10/14/2005	Staff Expenses							\$2.00			
10/14/2005	Staff Expenses							\$0.76			
10/14/2005	Staff Expenses							\$3.52			
10/14/2005	Office Expenses							\$8.45			
10/14/2005	Food for Volunteers							\$11.86			

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LATE INDEPENDENT EXPENDITURE REPORT

						LATE INDE	FLINDLINI EXI	LINDITORI	- KLIOKI	
NAME OF FILER Alliance for a Better Calif organizations	Ornia, educators, firefighters, school employees,	labor	Date of This Fil		Date Stamp	CALIFO		196		
AREA CODE/PHONE NUM (916)443-7817		I.D. NUMBER (if applicable) 1273998			<b>No.</b> LIE-676	D 2.00	For	Official Use	Only	
STREET ADDRESS				Page 3 of 8  Amendment to Report No						
CITY Sacramento	STAT CA	E ZIP CODE 95814		(explain below)  No. of Pages8						
1. List Only One C	Candidate or Ballot Measure		•		<u>.</u>		•			
NAME OF CANDIDATE SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C					
OFFICE SOUGHT OR HELD/DISTRICT NO.  SUPPORT OPPOSE				-	BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X	
2. Independent Ex	penditures Made Attach additiona	al information on appro	opriately labe	eled continu	nation sheets.					
DATE		DES	SCRIPTION O	F EXPENDI	TURE			AMOUNT		
10/14/2005	Booth Rental						\$2.50			
10/14/2005	Office Expenses						\$500.00			
10/14/2005	Support Services						\$9.85			
10/14/2005	Office Space and Expenses						\$53.81			
10/14/2005	Food for Volunteers						\$32.80			

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ATE INDEPENDENT EXPENDITURE REPORT

							LATE INDE	PENDENT EX	ENDITORI	EKEPOKI
NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil		Date Stamp	CALIFO FOR		196
AREA CODE/PHONE NUM (916)443-7817	MBER		I.D. NUMBER (if applicable) 1273998			NoLIE-676		For Official Use Only		Only
STREET ADDRESS			Page 4 of 8  Amendment to Report No							
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain below)  No. of Pages8					
1. List Only One C	Candidate or Ballot Measu	ire		<u> </u>				'		
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative O	RE SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Ex	penditures Made Attac	h additional info	ormation on appr	ropriately lab	eled continu	uation sheets.	<b>'</b>			
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
10/14/2005	Office Expenses							\$30.99		
10/14/2005	Office Expenses							\$6.25		
10/14/2005	Office Expenses							\$18.75		
10/14/2005	Staff Expenses							\$1.22		
10/14/2005	Food for Volunteers							\$1.83		

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LATE INDEPENDENT EXPENDITURE REPORT

			BER (if applicable		to Repo	No LIE-676 ndment low)	Date Stamp Page 5 of 8	FOR	CALIFORNIA FORM  For Official Use			
Sacramento		CA	95814		No. of Pages8							
	andidate or Ballot Measu	re			7							
NAME OF CANDIDATE SUPPORTED OR OPPOSED					NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Reapportionment. Initiative Constitutional Amendment.							
OFFICE SOUGHT OR	HELD/DISTRICT NO.		SUPPORT	OPPOSE	_	BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X		
2. Independent Ex	penditures Made Attack	h additional info	rmation on app	ropriately labe	eled continu	nation sheets.	•					
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT			
10/14/2005	Staff Expenses							\$3.13				
10/14/2005	Staff Expenses							\$7.20				
10/14/2005	Mailer							\$46.67				
10/14/2005	Walkpiece							\$74.41				
10/14/2005	Office Expenses							\$1.25				

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LATE INDEPENDENT EXPENDITURE REPORT

AMME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations  AREA CODE/PHONE NUMBER (916)443-7817  STREET ADDRESS  CITY STATE CITY STATE CIP CODE Sacramento CA 95814				to Repo	No. LIE-676  ndment ort No	Date Stamp  CALIFORNIA FORM  For Official  Page 6 of 8			<b>196</b> Only	
1. List Only One Cand	lidate or Ballot Measure	e			]		RE SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR HELD	D/DISTRICT NO.		SUPPORT	OPPOSE	_	BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Expen	ditures Made Attach	additional info	rmation on appi	ropriately labe	eled continu	uation sheets.	•			
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
10/14/2005	Office Expensese							\$3.38		
10/14/2005	Office Expenses							\$5.24		
10/14/2005	Office Expenses							\$5.26		
10/14/2005	Website							\$1,995.61		
10/09/2005 - 10/14/2005	Phonebanks							\$5.60		

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				-			LATE INDEP	ENDENT EXPE	NDITURE	REPORT	
NAME OF FILER Alliance for a Better Californi organizations	a, educators, firefighters, school	employees, health	care givers and	labor	Date of This Fil		Date Stamp	CALIFOR FORM		<b>196</b>	
		I.D. NUME 1273998			Report	<b>No.</b> LIE-676	D 7 60	For Of	For Official Use Only		
					☐ Amendment to Report No		Page 7 of 8				
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain below)  No. of Pages8						
1. List Only One Can	didate or Ballot Measu	ire						1			
NAME OF CANDIDATE S	JPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.				
OFFICE SOUGHT OR HEI	D/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide	\$	SUPPORT	OPPOSE X	
2. Independent Expe	nditures Made Attac	h additional info	mation on appr	opriately labe	eled continu	uation sheets.		·			
DATE			DES	SCRIPTION C	F EXPEND	ITURE			AMOUNT		
09/25/2005 - 10/12/2005	Consulting							\$136.80			
10/01/2005 - 10/15/2005	Support Services							\$2,858.95			

CALIFORNIA 496

NAME OF FILER

Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations

1.D. NUMBER (If applicable)
1273998

#### 3. Contributions of \$100 or More Received\*

3. Continu	utions of \$100 or More Received"		,		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/14/2005	Alameda County Public Defender's Association Criminal Justice Fund Oakland, CA 94604	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000.00	If loan, enter interest rate, if any
10/14/2005	CA Faculty Association Political Issues Committee Sacramento, CA 95814  ID: 881029	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$50,000.00	If loan, enter interest rate, if any
9/25/2005	CA Teachers Association Issues PAC Burlingame, CA 94010  ID: 880873	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$5,472.00	If loan, enter interest rate, if any
10/14/2005	Service Employees International Union Local 715 San Jose, CA 95131	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$224.00	If loan, enter interest rate, if any
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772